



STATE OF IDAHO
ELEVATOR / CONVEYANCE REGISTRATION ACCEPTANCE FORM

Division of Building Safety
Industrial Safety - Elevator Safety Program
1090 E. Watertower St. Meridian, ID 83642
(208) 334-2129, Fax (208) 855-9494
www.state.id.us/dbs/industrial



INSTRUCTIONS:

- Registration is to be completed by the owner or owner's representative of the elevator / conveyance.
- Installation, Modernization, Alteration must be completed by an Elevator Contractor.
- Submit one complete set of plans & shop drawings for each application submitted. Plans shall bear a registered professional engineer's stamp. Supporting documentation may be requested.
- No installation may begin until plans are approved. All work subject to final inspection by DBS.
- Permit will be posted in Machine Room after receiving it from the Division of Building Safety.

☐ NEW ELEVATOR ☐ EXISTING ELEVATOR ☐ REGISTRATION ☐ INSTALLATION ☐ MODERNIZATION ☐ ALTERATION

FOR DEPARTMENT USE ONLY

Plans received:	Plan review by:	Date approved:
Plans checked to: ASME 18.1 & applicable codes	Plans checked to: ASME A 17.1 & applicable codes.	
Request for Inspection By:	Date:	

SITE INFORMATION:

OWNER INFORMATION:

Site Name:	Owner Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone number:	Phone number:
State ID #:	Serial #:
<input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School (K-12) <input type="checkbox"/> University / College <input type="checkbox"/> Commercial Business <input type="checkbox"/> Charter School <input type="checkbox"/> Other	

Date of Installation: / /	Last Annual Inspection: / /
Last 5 yr. Inspection: / /	Model Name of Elevator:

ELEVATOR CONTRACTOR INFORMATION

Elevator Contractor:	Phone:	
Address:	Fax:	
City:	State:	Zip:
Point of Contact:		

GENERAL CONTRACTOR INFORMATION

General Contractor:	Phone:	
Address:	Fax:	
City:	State:	Zip:
Point of Contact:		

EQUIPMENT DATA / TYPE / USE

<input type="checkbox"/> Passenger	<input type="checkbox"/> Freight	<input type="checkbox"/> Material Only	
<input type="checkbox"/> Elevator	<input type="checkbox"/> Moving Walk	<input type="checkbox"/> Dumbwaiter	
<input type="checkbox"/> Escalator	<input type="checkbox"/> Platform / Chairlift	<input type="checkbox"/> Material Lift	
DRIVE TYPE <input type="checkbox"/> Traction / Elec. <input type="checkbox"/> Winding drum <input type="checkbox"/> Hydraulic <input type="checkbox"/> Screw drive/ Column <input type="checkbox"/> Direct plunger <input type="checkbox"/> Rack & pinion <input type="checkbox"/> Chain sprocket <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Lever hydraulic <input type="checkbox"/> Other <input type="checkbox"/> Roped sprocket	MACHINE LOCATION <input type="checkbox"/> Overhead <input type="checkbox"/> None <input type="checkbox"/> Basement <input type="checkbox"/> Adjacent <input type="checkbox"/> Removed <input type="checkbox"/> Machine below	RATED SPEED/RISE DN: fpm UP: fpm Blind Hoistway: Y N Total travel:	ADDITIONAL PARAMETERS No. of floors: Front openings: Rear openings: Angle of incline: ° Capacity: lbs. Clear overhead: ft.

REGISTRATION FEES

- Make checks or money orders payable to the
Division of Building Safety.
- Payment is due before inspection will be conducted.
- Fee schedule is located at www.state.id.us/dbs/industrial

\$20 RETURN CHECK FEE

☐ VISA ☐ MASTERCARD

CREDIT CARD NUMBER:

EXPIRATION DATE:

NAME OF CARDHOLDER:

CARDHOLDER SIGNATURE:

\$ AMOUNT: